PTO/SB/17 (12-04)
Approved for use through 07/31/2005. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a collection of information values. A feature of the comments values and the comments of th

Effective on 12/08/2004.  FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 250.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply)  Complete if Known  Application Number 10/676,614  Filing Date 10/1/2003  First Named Inventor Nameky  Examiner Name Marthe Marc Coleman  Art Unit 3661  Attorney Docket No. 19325/04097  Deposit Account Name: Calfee, Halter & Griswold LL  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
For FY 2005  First Named Inventor Namaky  Examiner Name Marthe Marc Coleman  Art Unit 3661  TOTAL AMOUNT OF PAYMENT (\$) 250.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172  Deposit Account Name: Calfee, Halter & Griswold LL	
For FY 2005  First Named Inventor Namaky  Examiner Name Marthe Marc Coleman  Art Unit 3661  TOTAL AMOUNT OF PAYMENT (\$) 250.00 Attorney Docket No. 19325/04097  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LL	
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 250.00  Art Unit 3661  Attorney Docket No. 19325/04097  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172  Deposit Account Name: Calfee, Halter & Griswold LL	
Applicant claims small entity status. See 37 CFR 1.27  Art Unit 3661  TOTAL AMOUNT OF PAYMENT (\$) 250.00  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172  Deposit Account Name: Calfee, Halter & Griswold LL	
TOTAL AMOUNT OF PAYMENT (\$) 250.00 Attorney Docket No. 19325/04097  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LL	
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172  Deposit Account Name: Calfee, Halter & Griswold LL	
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 03-0172  Deposit Account Name: Calfee, Halter & Griswold LL	
Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold LL	_
	,P
нот тое вроменаелинеа оврови вссоили, ите интестот из петеру выплатиес to: (спеск вы итак вруку)	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling f	60
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments	
under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card	
Information and authorization on PTO-2038.	
FEE CALCULATION	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	
FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Small Entity Small Entity Company  Small Entity Small Entity Small Entity	
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)	
Utility 300 150 500 250 200 100	_
Design 200 100 100 50 130 65	-
Plant 200 100 300 150 160 80	-
Reissue 300 150 500 250 600 300	-
Provisional 200 100 0 0 0 0	-
E (P)	Entity (\$)
	25
	00
Manufic dependent canno	80
Total Claims	
HP = highest number of total claims paid for, if greater than 20	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	
-3 or HP = x = X HP = highest number of independent claims paid for, if greater than 3	
3. APPLICATION SIZE FEE	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small en	ıtity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	18)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid  - 100 = /50 = (round up to a whole number) x =	
4. OTHER FEE(S)	d (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Extension of time - One Month - \$120.00; Terminal Disclaimer - \$130.00	= $ $
SUBMITTED BY /V	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Signature

Name (Print/Type)

Chet I Bonner

Registration No.

(Attorney/Agent)

51,485

Telephone 216/622-8891

Date